

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	2/19/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	16	2/9/99
FORMALITY REVIEW	<i>[Signature]</i>	67479	2-25-99 5-3-99

INDEX OF CLAIMS

+ Rejected
 - Allowed
 (Through numeral) Cancelled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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